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Date: February 13, 2003

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MESSAGE:

Reply and Amendment for U.S. Application No. 09/731,106 in response to Office communication malled January 14, 2003.

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Atty. Dkt. No. 048674-0153

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant:

Jennings

Title:

FOLDING KNIFE LINER LOCK

ADJUSTMENT METHOD AND

APPARATUS

Appl. No.:

09/731,106

Filing Date: 12/06/2000

Examiner:

Dexter, Clark F.

Art Unit:

3724

Cindy LaLuzerne (Printed Name) (Date of Descelt)

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CERTIFICATE OF FACSIMILE TRANSMISSION I hereby certify that this paper is being faceimile transmitted to the United States Patent and Trademark Office, Washington, D.C. on the date below.

REPLY AND AMENDMENT TRANSMITTAL

Commissioner for Patents **Box NON-FEE AMENDMENT** Washington, D.C. 20231

Sir:

Transmitted herewith is a reply and amendment in the above-identified application.

- [] Small Entity status under 37 C.F.R. § 1.9 and § 1.27 has been established by a Small Entity statement previously submitted.
- [] Small Entity statement is enclosed.
- The fee required for additional claims is calculated below:

	Claims as Amended		Previously Paid For		(Extra Claims resent	i	Rate		Additional Claims Fee
Total Claims:	17	_	·27	=		0	×.	\$18.00	=	\$0.00
Independents:	3		5	=	;	0	×	\$84.00	=	\$0.00
First presentation of any Multiple Dependent Claims: + \$280.00				=	\$0.00					
			•			. CL	AIMS	FEE TOTAL:	=	\$0,00

Applicant hereby petitions for an extension of time under 37 C.F.R. \$1.136(a) [] for the total number of months checked below:

Atty. Dkt. No. 048674-0153

	·		
[]	Extension for response filed within the first month:	\$110.00	\$O.00
[]	Extension for response filed within the second month:	\$410.00	\$0.00
[]	Extension for response filed within the third month:	\$930.00	\$0.00
[]	Extension for response filed within the fourth month:	\$1,450.00	\$0.00
[]	Extension for response filed within the fifth month:	\$1,970.00	\$0.00
	EXTENSION	FEE TOTAL:	\$0,00
	CLAIMS AND EXTENSION F	FEE TOTAL:	,\$0,00
1.1	Small Entity Fees Apply (subtract 1/2 of above):		\$0.00
	· · · · ·	TOTAL FEE:	\$0.00
		TOTAL FEE:	

- [] Please charge Deposit Account No. 06-1447 in the amount of \$0.00. A duplicate copy of this transmittal is enclosed.
- [] A check in the amount of \$0.00 is enclosed.
- [X] The Commissioner is hereby authorized to charge any additional fees which may be required regarding this application under 37 C.F.R. §§ 1.16-1.17, or credit any overpayment, to Deposit Account No. 06-1447. Should no proper payment be enclosed herewith, as by a check being in the wrong amount, unsigned, postdated, otherwise improper or informal or even entirely missing, the Commissioner is authorized to charge the unpaid amount to Deposit Account No. 06-1447.

Please direct all correspondence to the undersigned attorney or agent at the address indicated below.

Respectfully submitted,

Jeffrey S. Gundersen

Attorney for Applicant Registration No. 47,619

Date

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